



PATENT
Attorney Docket No. (0320-0017) HOOV 117

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of:

Michael D. Hooven

Serial No.: 10/015,868

Filed: December 12, 2001

Group Art No.: 3739

Examiner: Rosiland K. Rollins

For: TRANSMURAL ABLATION DEVICE

CERTIFICATE OF MAILING BY	
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NAME	<u>Renée C. Barthel</u>
SIGNATURE	<u><i>Renée C. Barthel</i></u>

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
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INFORMATION DISCLOSURE STATEMENT

Pursuant to 37 C.F.R. § 1.97, Applicant hereby calls the Examiner's attention to the document listed on the attached form, which document may be material to the examination of this application. A copy of the document is enclosed herewith for the Examiner's consideration.

No inference should be drawn that any apparatus or method disclosed is equivalent to the subject invention. Also, the citation of the above-discussed document is not to be

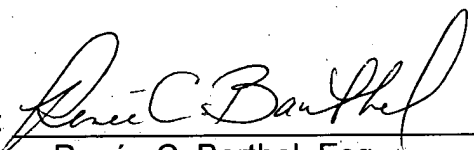
construed as an assertion that more pertinent art could not possibly be in existence. Citation of the document herein is not to be construed as an admission that any subject matter disclosed in the document is necessarily within the inventive field of endeavor, that any disclosure is necessarily prior in time to a particular date which may be relevant to the instant patent application, and/or that any disclosure is otherwise necessarily prior art with respect to the instant invention.

Applicant also respectfully reserves the right to later set forth how the instant invention is distinguished over the disclosure of any document or other art, including the disclosure of the document discussed herein, that may be cited by the Examiner in rejecting a claim in the present patent application.

This Information Disclosure Statement is being filed after the mailing date of a first Office Action but before a final action, notice of allowance or an action that closes prosecution. Consequently, as provided in 37 C.F.R. § 1.97(c), a fee under § 1.17(p) is enclosed.

Respectfully submitted,

Date: February 23, 2006

By: 
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Substitute for form 1449A/PTO

**INFORMATION DISCLOSURE
STATEMENT BY APPLICANT**

(Use as many sheets as necessary)

Sheet

1

of

1

Complete if Known

Application Number	10/015,868
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Filing Date	12/12/2001
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First Named Inventor	Michael D. Hooven
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Art Unit	3739
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Examiner Name	Rosiland K. Rollins
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Attorney Docket Number 0320-0017

U.S. PATENT DOCUMENTS

[illegible]

FOREIGN PATENT DOCUMENTS

[illegible]

Examiner
Signature

Date _____

Considered

*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. ¹ Applicant's unique citation designation number (optional). See Kin's Codes of USPTO Patent Documents at www.uspto.gov or MPEP 901.04. Enter Office² that issued the document, by the two-letter code (WIPO Standard ST.3). For Japanese⁴ patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document.

⁵Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST. 16 if possible. ⁶Applicant is to place a check mark here if English language Translation is attached.

This collection of information is required by 37 CFR 1.97 and 1.98. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

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EFFECTIVE DATE: 01/01/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL
for FY 2005****Complete if Known**☒ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT (\$)** **\$180.00**

Application Number	10/015,868
Filing Date	December 12, 2001
First Named Inventor	Michael D. Hooven
Examiner Name	Rosiland K. Rollins
Art Unit	3739
Attorney Docket No.	0320-0017

METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☐ Deposit Deposit Account Number: 50-1039 Deposit Account Name: Cook, Alex, McFarron et al.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or any underpayment of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
_____ - 20 or HP = _____ x _____		\$25.00	\$0.00

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
_____ - 3 or HP = _____ x _____		\$100.00	\$0.00

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listing under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____ - 100 = _____ / 50 _____	0	0	\$125.00	\$0.00

4. OTHER FEE(S)

Non-English specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): **Filing Information Disclosure Statement**

\$180.00**SUBMITTED BY**

Signature	<i>Renee C. Barthel</i>	Registration No. (Attorney/Agent)	48,356	Telephone	(312) 236-8500
Name (Print/Type)	Renee C. Barthel			Date	February 23, 2006

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

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